

EXHIBIT D

W R Grace Authorization - PID
Claim No. 6901/11236
Bayshore Community Hospital, NJ

UG: 01 03 10:55a
Sep 12 03 04:53p

6901/11236

P. 2

RE: In re Bankruptcy claims for asbestos-containing products

I Hereby authorize Speights & Runyan law firm to file proof of claims on our behalf in the following bankruptcies as deemed appropriate due to asbestos-containing products located or previously located in our building: Federal Mogul and W.R. Grace. By signing below, I acknowledge and agree that Speights & Runyan has the authority to file proof of claims on our behalf in these bankruptcies.

Building Name, Physical Address and Square
Footage of Material Applied if Known:

Bayshore Community Hospital
727 N Beers St
Holmdel NJ 07733

Contact Person: Charles Facella
Phone Number: 732 739 5932
Fax Number: 732 290 7034
E-Mail Address: CFAELLA@BCHS

ACKNOWLEDGED AND AGREED:

By: Carolina Nowak
Name:

W R Grace Authorization - PID
Claim No. 10962
Children's Hosp. Of Pittsburgh, PA

10962

Exhibit 2

March _____, 2003

RE: In re Bankruptcy claims for asbestos-containing products

I Herby authorize Speights & Runyan law firm to file proof of claims on our behalf in the following bankruptcies as deemed appropriate due to asbestos-containing products located or previously located in our building: Federal Mogul and W.R. Grace & Co.; W.R. Grace & Co.-Cl. By signing below, I acknowledge and agree that Speights & Runyan has the authority to file proof of claims on our behalf in these bankruptcies.

Building Name and Physical Address:

Children's Hospital of Pittsburgh of UPMC
Health System
3705 Fifth Avenue
Pittsburgh, PA 15213

Contact Person: Lorina W. Wise, Associate Counsel

Phone Number: (412) 692-8073

Fax Number: (412) 693-5639

E-Mail Address: lorina.wise@chp.edu

ACKNOWLEDGED AND AGREED:

By: 

Name:

W R Grace Authorization - PID
Claim No. 14410
Jameson Memorial Hospital, PA

1441D

Exhibit 2

March _____, 2003

RE: In re Bankruptcy claims for asbestos-containing products

I Hereby authorize Speights & Runyan law firm to file proof of claims on our behalf in the following bankruptcies as deemed appropriate due to asbestos-containing products located or previously located in our building: Federal Mogul and W.R. Grace & Co.; W.R. Grace & Co., Ct. By signing below, I acknowledge and agree that Speights & Runyan has the authority to file proof of claims on our behalf in these bankruptcies.

Building Name and Physical Address:

Jameson Memorial Hospital
1211 Wilmington Ave
New Castle, PA 16105

Contact Person: Rachel Verdi
Phone Number: 724-656-4089
Fax Number: 724-656-4180
E-Mail Address: rverdi@jamesonhealthsystem.com

ACKNOWLEDGED AND AGREED:

By: Rachel C. Verdi
Name: